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CONTENTS.

ORIGINAL ARTICLES.

Dr. Richard Sprig Steuart and the Maryland Hospital for the Insane. By James A. Steuart, M. D., Baltimore. 459
The Treatment of Syphilis. By Henry Alfred Robbins, M. D., Washington, D. C. 461
Alcoholic Maniacal Epilepsy. Transitory Disturbance of Consciousness Mediating Criminal Acts. By William Lee Howard, M. D., Baltimore. 466

MEDICAL PROGRESS.

Report of Progress in Gynecology. By Thos. H. Buckler, Jr., M.D.—Massage in Fractures. 470

EDITORIAL.

Physicians and Pharmacists. 472
Danger in Sterilized Milk. 473
Sanitariums for Consumption. 473

MEDICAL ITEMS.

BOOK REVIEWS. 475

CURRENT EDITORIAL COMMENT.

PUBLISHERS' DEPARTMENT. 476

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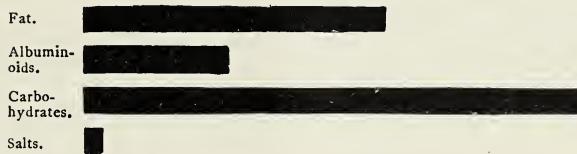
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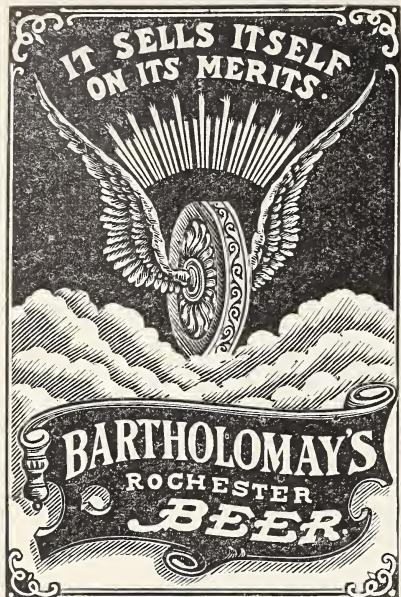
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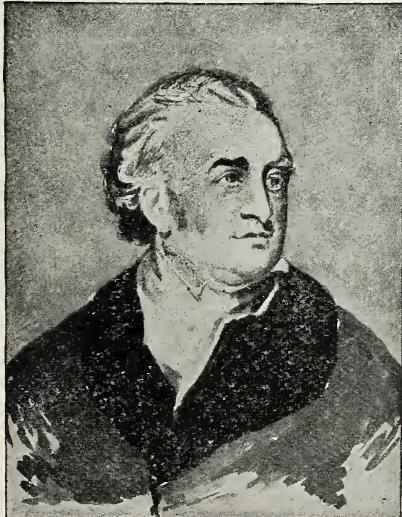
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BY R. H. CHITTENDEN, PH. D.,
Professor of Physiological Chemistry in Yale University.

[Reprinted from the *New York Medical Journal*, July 18, 1896.]

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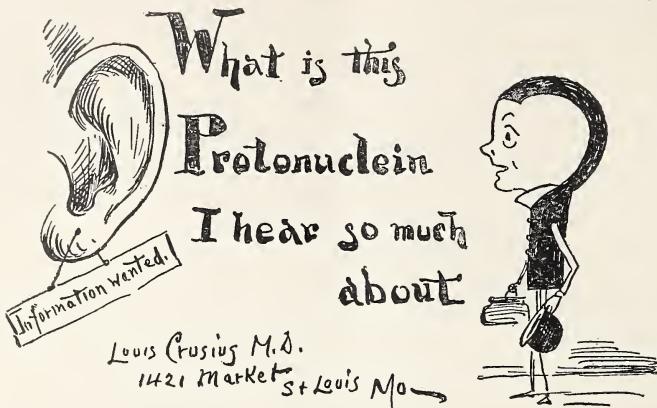
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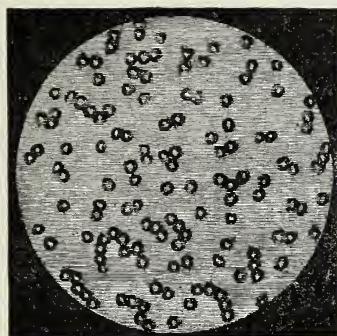
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MARYLAND MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVI.—No. 26. BALTIMORE, APRIL 10, 1897. WHOLE NO. 837

Original Articles.

DR. RICHARD SPRIGG STEUART AND THE MARYLAND HOSPITAL FOR THE INSANE.

By *James A. Steuart, M. D.,*
Baltimore.

DURING the session of the Legislature of 1827-1828, Dr. Richard S. Steuart (then in the active practice of his profession in Baltimore and deeply interested in the cause of the insane) obtained, with the aid of his friends, the passage of the law which established the "Maryland Hospital for the Insane." Prior to this period, the Maryland Hospital, established in 1797, had been a general hospital, including the sick as well as the insane, and had been leased by the State to Dr. John Mackenzie and others, who carried it on as a private enterprise and under contract with the U. S. Government received sailors of the U. S. Navy and general marine.

At the first meeting, in April, 1828, of the Board of Visitors (which board consisted of members from Baltimore and the various counties of the State, named in the act dedicating the hospital entirely to the treatment of the insane), Dr. Richard S. Steuart was elected president of the board and medical superintendent of the hospital. His early experiences in this capacity were most interesting, and if they had been written up would be equal to the famous stories of Warren's "Diary of a Late Physician." He found insane men and women chained to the floor and resting only upon filthy straw, who had not been out of their cells for years. This

he immediately undertook to reform and striking off the chains from the limbs of these wretched creatures, he inaugurated a more humane treatment, which was the beginning of a new era in the care of the insane in Maryland. He obtained the services of the Sisters of Charity and appointed as his assistant and resident physician the late Dr. William Fisher.

Dr. Fisher was succeeded in 1838 by William H. Stokes, afterwards and for many years superintendent of the Mount Hope Retreat, Hospital for the Insane. During the first ten years of his service, finding the buildings already too small and ill adapted for the treatment of the insane, Dr. Steuart again applied to the Legislature for the means to enlarge and improve the hospital and, after a severe and exhausting struggle, obtained from the State a small appropriation with which the west wing was erected, thereby doubling the capacity of the house and relieving the over-crowded condition of the old east wing and center building. During several years of this early period, Dr. Steuart carried the expenses of the institution upon his own shoulders, becoming personally responsible for the debts of the hospital, trusting to the Legislature for reimbursement, a large part of which he never received.

About the year 1850, Dr. Steuart,

with the consent and coöperation of the Board of Visitors, commenced his plans for the building of a new insane asylum, and went before the Legislature with his petition for the means to purchase a suitable site for the erection of an institution adequate to the increasing demands of the period. He spent one year in examining every possibly available locality, and finally decided upon the beautiful and most appropriate spot where now stands the Maryland Hospital for the Insane at Spring Grove, in Baltimore County, the original name of the place. But here arose a difficulty. The State had appropriated the sum of only \$5000 for the purchase of a site and this chosen site (a farm of 123 acres, overlooking the city and harbor of Baltimore and the surrounding country), could not be obtained for less than \$25,000. Nothing daunted, Dr. Steuart closed the bargain, paid the \$5000 on account of the purchase money and undertook to raise the balance by private subscription. He headed the paper with his own name and \$1000 and from personal friends during the ensuing six months obtained this balance in sums ranging from \$1000 down to \$25. This \$20,000 was presented to the State as an offering to the cause of the insane.

During the following winter, Dr. Steuart again undertook to obtain from the Legislature the means to erect the new insane asylum at Spring Grove. This proved more difficult of accomplishment than any of his previous undertakings. What between the circumscribed views of the average legislator and the obstructive tactics of a corrupt political lobby, he had well-nigh despaired of success when he called to his aid that distinguished philanthropist, Miss Dorothea Dix of Massachusetts. Most cordially did she respond to this call, for the cause of the insane had been her life work, as it had also been Dr. Steuart's. She established herself in Annapolis and worked night and day until the object was accomplished and the appropriation obtained. The Act included the appointment of a commission of five to build the hospital and included Dr. Richard S. Steuart of Balti-

more, General Benjamin Howard of Baltimore, Dr. Washington Duvall of Montgomery County, Col. Hanson of Frederick and Dr. Humphries of the Eastern Shore of Maryland.

The actual work was begun during the year 1853 and had progressed nearly to completion when, in 1861, upon the breaking out of the war, all work was suspended and so remained until 1866, when building operations were resumed and carried on to completion in 1872. As originally designed, as soon as the new hospital was furnished and ready for occupancy, the patients were all transferred thereto and Dr. Steuart took charge as president of the board and medical superintendent, with his cousin, Dr. Wm. F. Steuart, as resident physician.

It should be mentioned, that the original Board of Visitors was made, by the Act creating them, perpetual, that is, having the right to fill vacancies in their board whenever such occurred, and Dr. Steuart continued uninterruptedly to act as president of the board and medical superintendent from the time of the creation of the board up to 1862, when owing to the political feeling created by the war, then going on, a number of the members of the board, including Dr. Steuart, were suspended because they declined to take the oath presented to them by the Federal authorities then in power in Maryland.

Such members of the board as could and did take the oath were at that period continued in charge of the old Hospital on Broadway, with Dr. John Fonerden as medical superintendent and Mr. Enoch Pratt as president of the board. Dr. Fonerden had been the assistant and resident physician from the time of the resignation of Dr. Wm. H. Stokes to take charge of the then new Mount Hope Retreat, established by the Sisters of Charity when they left the Maryland Hospital. Dr. Fonerden's incumbency covered a period of some twenty years.

As soon as the war was over and the Democratic party returned to power in the State, the old board was reinstated and Dr. Steuart resumed his office

as president and medical superintendent. He occupied this position, at the time of the removal to the new Hospital and until within a few weeks of his death, which occurred July 13, 1876. He, therefore, served the State—deducting the five years of the war—continuously for forty-three years. The first years of his service were without compensation of any kind. Later, he accepted a small salary and only from the time of his taking charge of the new hospital did he receive a salary which compensated him for his time and services.

Dr. Steuart was an enthusiast in his work, and gave the best efforts of his life to the cause of the insane. The reforms in the management and treatment of the insane which he instituted and carried out were far ahead of their day and have continued to bear fruit to the present time.

The humane and scientific treatment inaugurated under his management, fifty years ago, will compare favorably with that of the present day in any hospital or in any country.

Dr. Steuart was a native of Maryland and both his father and grandfather were physicians. He was born in 1797, educated at St. Mary's College, graduated as a physician from the University of Maryland in 1822 and died in 1876, at the age of 79 years, after a long and useful life.

Before closing this brief sketch, it should be mentioned that it was through Dr. Steuart's influence with Mr. Johns Hopkins—for many years a member of the Board of Visitors, as well as a personal friend of Dr. Steuart—that the present site of the Johns Hopkins Hospital was chosen for the location of that magnificent gift to Baltimore and the State of Maryland.

THE TREATMENT OF SYPHILIS.

By *Henry Alfred Robbins, M. D.,*
Washington, D. C.

CLINICAL LECTURE DELIVERED AT THE SOUTH WASHINGTON (D. C.) FREE DISPENSARY, DECEMBER 21, 1896.

FIFTH PAPER.

I NOTICED as I passed through the reception room, that the patients there assembled were looking at this 20 year old full-blooded negro boy askance: Are you afraid of smallpox?

Hutchinson says "the simulation of the variolous eruption by syphilis is the most marked example of 'syphilitic imitation.' The papules are elevated, shotty to the finger, have depressed centers, affect the same regions as variola and resemble it so absolutely that nothing but the history of the case helps to a correct opinion." Is this not a good pen picture of what you now see?

You notice that this papular eruption is all over his forehead and face, then it goes down his neck, over his chest and abdomen. It coincides in every particular to that of smallpox. I was in Paris during an epidemic of this loathsome disease and visited the hospitals set

apart for the treatment of the pestilential patients and saw it in all its stages. The papules are umbilicated, as you see, and some of them show evidences of pus formation.

The boy denies ever having had syphilis. That statement is worth nothing. Let us examine him carefully. Now, it is just as I thought. Dr. Arwine has found a cartilage-like induration on his prepuce and there is enlargement of the lymphatic glands above Poupart's ligament. He is now feeling the patient's right arm, just above the bended elbow, and like Archimedes of old, he cries "Eureka," for he has found them. The epitrochlear glands are rolling under his fingers.

The boy has none of the constitutional symptoms of smallpox; no history of severe pains in the back, no his-

tory of fever which subsided on the breaking out of the eruption. We would expect, anyhow, that he would have head and joint aches, but he says he has not. Look into his mouth and you see several opaline mucous patches. The boy has a papular and also a papulo-pustular syphilitic.

Two summers ago I went with my family to a sea-side resort on the coast of New Jersey. On returning from an excursion one evening we found our hotel quarantined. The mayor of the village came up and informed us that a doctor had reported to the health officer that we had a servant of the hotel who had the smallpox. It had been proven to be false and the mayor allowed us to pass and then he removed the red flags that were danger signals. I took in my arms a beautiful little girl and carried her to the hotel. There we met our landlord, who told us what had happened. It appears that there was a colored girl employed in the kitchen who broke out with an eruption.

A New York City doctor (who, not satisfied with a lucrative practice at home, practiced also at this summer resort) was called in and pronounced the case to be one of confluent smallpox. He also reported that two of the guests had caught the disease from her, naming the little girl I had in my arms and her mother, and he commanded our host to give warning to his guests. This was news to me, as I thought that the child had simply two or three impetigo pustules on the face and the mother I supposed had that not very aristocratic looking disease called *acne vulgaris*. The colored girl had vanished, but she was traced to Philadelphia and was found in a dispensary service. The diagnosis was asked for and it was *papulo-pustular syphilis*.

The inmates of the hotel were in a high degree of excitement and to the best of my ability I explained to them the difference between smallpox and syphilis. The next day the State health officer from Trenton came down, bringing with him a doctor from Red Bank and one from Asbury Park and several more. Conspicuous for his ab-

sence was the New York doctor. The result of the examination was that all sustained the diagnosis made in Philadelphia.

The doctor who started this false report stands well in New York and he should not be held responsible, but not so those professors who graduated him as a physician without having given him any instruction on that most important of all diseases—syphilis. Imagine the ruin that this man's ignorance nearly accomplished. If the impression had gotten abroad that the smallpox existed on the Jersey Coast, it would have emptied every hotel from Long Branch to Cape May.

I have praised the virtues of iodide of potassium and have described her angelic form, with arms and wings extended hovering over the patient. In our last lecture I took the same "goddess" and drew a picture of her in quite another attitude. I told how she could kill as well as cure. Now let us take up that Roman god — Mercurios. We have described him as being even superior in glory to iodide of potassium. We hope to make him mentally visible to you. His name "mercari" (to traffic) indicates that the first idea of his character was that of the patron of merchandise. He had a great many tasks to perform and, among others, he was employed to lead the ghosts of the dead to the other world, to infuse dreams into the brain and to cause or dispel slumber by the passes of his magic wand.

He is generally represented as a naked youth, displaying in his limbs the beauty of the boy mingled with the full vigor of manhood, holding a purse in his right hand and his winged caduceus in his left, wearing one pair of wings on his sandals and another on his hat and bending forward on tip-toe, as if speeding over sea and land on some important errand. In his left hand he carried his badge of authority. This caduceus, as it was called, was a rod entwisted by two serpents and generally surmounted with a pair of wings. The rod represented power, the serpents wisdom and the wings diligence and activity. Wonderful properties were as-

cribed to it by the poets ; as laying persons to sleep, raising the dead, etc.

The drug mercury is named after this fascinating god. If you take the trouble to study its history you will find that it has killed more than it has cured. Why ? In olden times all venereal troubles were little understood and gonorrhœa, syphilis and chancroidal inflammations were all supposed to be of the same origin and mercury was given to all. Now mercury has killed and will continue to kill until it is known when to, and when not to, give it. It will cure syphilis and it will cause the most disastrous effects, given to patients who have not the disease. Years ago there was an almost universal protest against its employment.

In 1822, in Sweden, by Royal command, reports were annually made from civil and military hospitals, as to the effects of treatment with and without mercury. At this time in Sweden and Denmark, venereal diseases were treated systematically by diet alone and to this plan the name "*cura famis*" has been given. It consisted in submitting the patient to a very severe regimen and the administration of the extracts of bark and conium as medicines. The regimen of the patient during the first six weeks consisted of five ounces of roast meat without gravy or condiment of any kind and six ounces of white bread soaked in water ; this quantity was divided into two or three portions, but it was all that was allowed for one day. The extract of conium was given in doses of four or six grains night and morning. At the end of six weeks the patient resumed his ordinary diet.

All kinds of venereal diseases were treated on this plan, whether recent or inveterate ; but it was considered particularly indicated where mercury had been used without success, or where syphilis existed in a gouty or scrofulous constitution. A decoction of the root of the "*smilax china*" was given for drink to the extent of two pints a day (*Exposé de la Méthode pour guérir les Maladies Vénériennes dégénérées, par Osbeck; Stockholm, 1811.*).

The commission appointed to exam-

ine into the merits of this plan of treatment decided that the cure was due to the regimen alone and the medical treatment had little or no effect. The Swedish physicians restricted the *cura famis* to cases of constitutional, inveterate, or protracted syphilis. In primary syphilis it was considered injurious and was supposed to favor the development of constitutional disease by rendering absorption more active. Reports very unfavorable to the treatment of syphilis with mercury also came from France and Germany.

I quote the following from an old edition of "*Atkins' Practice of Medicine, 1868.*" "It is extremely interesting and gratifying to be able to say that long before any reports were made the surgeons of the British army perceived the ravages of the combined poisons of mercury and syphilis and had the boldness to declare themselves against the system of treatment of syphilis with mercury and to introduce the milder measures of non-mercurial treatment.

"The inquiry, begun in 1816 by those military surgeons, requires to be reinvestigated with all the present advanced knowledge of the nature of the disease which we now possess. With a better prospect of detecting the fallacies which surrounded the investigations under the simple treatment of those eminent men, there can be no doubt that mixed cases of soft, as well of indurated, chancres and specific or syphilitic sores, were allowed spontaneously, as it were, to develop their distinctive characters. No confidence can now be placed in the results derived from clinical observation, where the cure of soft, suppurating and mixed sores, gonorrhœa, vegetations, suppurating buboes, are all indiscriminately given as evidences of the cure of syphilis.

"Even those who believe most fully in its virtues acknowledged that in primary affections, as when given in the treatment of the local sore, its administration will not prevent the occurrence of constitutional symptoms ; nevertheless the value of mercury in the case of

the induration of the true infecting chancre is now fully recognized."

We must be good diagnosticians. You notice how carefully we conduct our examinations, and when there is any doubt at all, we do not begin with any form of mercurial treatment.

I will give you an example of what harm mercury is capable of when given to a patient who has not syphilis. Just after the close of our civil war, I had an officer friend, who consulted a most noted ex-army surgeon for a suspicious sore. The surgeon immediately gave him mercury. Soon he was covered with a papular eruption, which convinced the doctor of the correctness of his diagnosis. The patient went from bad to worse every day and trembled like an aspen leaf with paralysis agitans. He was an aged, wretched looking object. One day he made me a friendly visit. I examined him carefully, and told him that I was of the opinion that he never had syphilis, and that the eruption and the shaking palsy he had were both the effect of mercury. I advised him to go to New York and consult my friend Dr. F. J. Bumstead, who was then in his prime, and the leading syphilographer in America. The patient did so, and I had the satisfaction of having the doctor agree with me in every particular. Mercury was stopped and tonics were given, and in a very brief space of time the man was as well as he ever was. He would have died if the mercurial treatment had been continued, for it was a slow but sure poison to him, because he never had syphilis. You have seen the magical effects of our treatment. We believe in the judicious use of mercury, but it is a two-edged sword and should not be placed in the hands of a fool.

Let us return to the treatment of syphilis. We have already given you our treatment of the first year and a half of syphilis by various forms of the internal administration, and subsequently the "mixed treatment." We gave our reasons for every procedure, and we are convinced if this method is judiciously carried out, that in the majority of your patients you

can assure them that you can cure them. You can not abort the secondary stage, but you can prevent its running on to the so-called tertiary stage, which is a sequela of the primary and secondary.

We will now call your attention to the treatment by mercurial fumigation, or rather the mercurial vapor bath, and we naturally think of the man who had the best success with this plan of treatment, and who has written most clearly on the subject, and that is Mr. Langston Parker, F. R. C. S., of Birmingham, England. I will give his directions for the mercurial vapor bath, as well as his own views as to its superiority over all other methods.

"The patient is placed on a chair, and covered with an oilcloth lined with flannel, which is supported by a proper framework. Under the chair are placed a copper bath, containing from half a pint to a pint of water, and a tinned iron plate, on which is put from one to three drachms of the bisulphuret of mercury, or the same quantity of the grey oxide, or the binoxide, or other mercurial preparation; under each of these, a spirit lamp. The patient is thus exposed to the influence of three agents, heated air, common steam, and the vapor of mercury, which is thus applied to the whole surface of the body in a moist state. After the patient has remained in the bath from five to ten minutes, perspiration generally commences and by the end of twenty or thirty minutes, beyond which I do not prolong the bath, it is generally free. The lamps are now removed, and the temperature gradually allowed to sink; when the patient has become moderately cool, the coverings are removed and the body rubbed dry; he is then allowed to rest in an arm-chair for a short time, during which he drinks a cup of warm decoction of guaiacum or sarsaparilla.

"The apparatus requires some modification and arrangement to suit particular cases. When it is wanted to induce a quick and decided action, the whole power of the bath should be brought into operation, and the largest quantity of mercury should be employed. In rapidly spreading ulcers,

this is required. Again, in chronic skin or throat diseases, where a powerful action would rather oppress the patient than cure his disease, the power of the bath should be modified, and not so great a heat or so much mercury employed. This is accomplished by using smaller spirit lamps, or, when perspiration has once been induced, by the removal of one lamp, leaving the patient thus exposed for a time to the mercurial vapor alone. This should be done when the patient has been broken down by long-continued disease, in bad or weak subjects, when a more prolonged action is required to eradicate the more deep-seated effects of the venereal poison, as in diseases of the bones, or indurations on the penis. Each particular case would require a greater or less modification of this kind. The form of mercurial employed is also of consequence. In skin diseases, the bisulphuret is to be preferred; in diseases of the throat or nose, the grey oxide, binoxide, or calomel, is better, because the patient can bear the head immersed without sneezing or coughing, which he can not do when the bisulphuret is used.

"I am in the habit of using four mercurial preparations for the bath—the bisulphuret of mercury, the binoxide of mercury, the grey or black oxide, and the iodide; to this list Mr. Henry Lee has lately added the chloride of mercury. These may be used singly, or combined in different ways, to suit the peculiarities or emergencies of each particular case. The first of these preparations is milder than the last, and from half a drachm to four drachms may be used with perfect safety. In one case half an ounce was used for each bath, and two applications were sufficient to bring the system fully under the influence of the remedy. The iodide must be used in smaller quantities; nearly the whole of this preparation is rapidly converted into vapor, and, unlike all the other preparations, leaves scarcely any ash behind it. From five grains to half a drachm of the iodide is sufficient, and it is better to use it in small quantities, mixed with a larger quantity of either

of the other preparations. When calomel is used in ordinary cases, from ten to twenty grains may be employed for each bath. In affections of the testes (sarcocele) and of the bones (the various forms of osteitis or periostitis), a combination of a scruple of the iodide, and one or two drachms of the bisulphuret or binoxide, would be a proper form. For local application to the cavities of the nose or mouth, calomel or the grey oxide of mercury are the best preparations. I have known the vapor of the biniodide of mercury used. A surgeon, by mistake, employed the biniodide instead of the iodide, in a most formidable case of secondary syphilitic ulcerations. It produced violent diarrhea with bloody stools, but it cured the disease. I have never used this salt by the way of fumigation, on account of its irritating properties.

"A short preparatory treatment should be adopted before using the baths. The bowels should be kept free, and the use of wine, spirits, etc., prohibited. The patient should be free from fever, the tongue clean, and the freedom from organic diseases, such as those of the heart and lungs, more particularly, should be ascertained. Should such or other complications be present, they might require modifications of treatment, but would not prevent its employment, as this is not only the most certain, but the safest way of curing most forms of constitutional syphilis.

"This plan of treatment does not commonly require that the patient should forego his ordinary occupations of business, or that he should be confined to the house during its use. It must be admitted that its effects would be accelerated by confinement to bed, or to a couch in a moderately warm room; but this is by no means imperative, and I have very rarely advised it, except in such cases where exposure or exercise would be positively mischievous, as in the cases of sloughing, or rapidly spreading ulcers in the throat or elsewhere."

"The time occupied in the cure of venereal diseases by the mercurial vapor

bath is vastly less than that consumed by any other kind of treatment; its effects are commonly immediate, one full bath very frequently making an impression on the disease. Where the hair has been falling rapidly, one bath has arrested this; ulcers which have been rapidly spreading have been rendered stationary by one bath. After two or three baths, the improvement is in most instances marked; and the cure is effected in one-fourth, or even one-sixth, of the time required for the success of ordinary treatments. The nature of the cases determines the time occupied in the cure. In superficial skin diseases, or superficial ulcers of the nose and throat, the cure is very rapid. I have constantly known affections of this kind entirely cured in a fortnight or three weeks, with pleasure rather than inconvenience to the patients."

Mr. Parker did not confine himself to

this method of treatment by any means. There is no doubt but that in certain cases it is superior to all methods of treatment, especially in cases where the nose and nasal cavities are involved.

During our civil war, at the Armory Square Hospital, Dr. Léon Alcan had charge of the mercurial vapor baths, and followed the directions as given by Mr. Parker, and ever since in desperate cases I have made use of them. In 1870 Dr. Alcan in his old age returned to Paris. During the height of the Commune in 1871, I met him. He had forgotten the little English that he once knew. He was rejoiced to see me, and took me to his humble abode, where the poor old fellow was dying of a broken heart at the sufferings of his beloved country.

At the conclusion of our next service, we hope to present other methods of treating syphilis.

ALCOHOLIC MANIACAL EPILEPSY.

TRANSITORY DISTURBANCE OF CONSCIOUSNESS MEDIATING CRIMINAL ACTS.

By William Lee Howard, M. D.,
Baltimore.

THE recent cases of Duestrow, Marie Barberi, Koerner and others, have brought forward prominently the rôle alcoholic epileptic mania plays in heredity and medico-legal questions. The subject is also of paramount interest to the sociologist and the physician. It is of great importance that the latter should be able to distinguish between drunkenness as a vice and ineptiety as an effect of an abnormal, unstable and degenerate inherited neurotic personality.

In this country, where intoxication is no excuse for crime, it is necessary we should recognize two phases of alcoholic ineptiety: acute alcoholic insanity and alcoholic maniacal epilepsy. Such forms of insanity are now recognized by leading neurologists and alienists. A very small amount of alcohol will put a person of peculiar neurotic tendencies into a state similar to psychical epilepsy

(psychical epileptic equivalent). In this condition atrocious crimes are often committed for which the individual is not responsible. In a recent trial the presiding judge would not allow evidence on this fact to be given. He evidently did not recall that maxim of his profession: *Factum a judice quod ad ejus officium non spectat, non ratum est.*

Great is the confusion and misunderstanding of terms when treating of "alcoholism," "ineptiety," and "drunkenness." In order to avoid confusion I shall tighten up this loose nomenclature by using the terms as given by Norman Kerr. "Ineptiety" is used to distinguish that "overpowering morbid impulse, crave or craze, which tends to drive certain individuals to excess in intoxicants." Scientifically this should be designated "narcomania" to cover the field of morphine, cocaine, chloral

and other allied intoxicants; but as I am dealing only with alcohol, inebriety will suffice for our purpose. Inebriety is a disease; an intoxication mania of such furor, intensity and force that men will sell their honor, barter their worldly goods and ruin those dearest to them for alcohol. The criminal acts and insane deeds of these individuals are symptoms of a diseased brain. Drunkenness is a vice.

The distinction between inebriety and drunkenness is one of perversion and perversity. This distinction as made by Krafft-Ebing is as follows: "We speak of perversion when the moral instinct is a perverted one, while we speak of perversity when it is a question of a perverse action, without taking into account the motive that has determined that action, whether it be a perverse inclination or any other motive, a criminal action, for example." Hence, perversion is an inclination independent of the will, and for which no one can be held responsible, at least in the eyes of an impartial judge; on the contrary, perversity, which is manifested in the action, must often be placed to the account of the individual.

A good example of alcoholic epileptic insanity is the Duestrow case. It also shows the powerful influence environment and heredity exerts in certain cases. Duestrow's mother was the daughter of a saloon keeper of the lower type, and was accustomed to drink at her father's place. His father belonged to the same class and was a habitual user of alcoholic drinks. These habits continued throughout the life of both parents, and the son, Arthur Duestrow, was given beer to drink when an infant. The father became suddenly wealthy when Arthur was about thirteen years of age, who at that early period in his life began a series of dissipation which continued up to the time he committed his repulsive crime. His only child, a little boy three years of age, he was passionately fond of, and devoted all of his time at home to amusing the little fellow.

On the day of the murder he drove up to his handsome residence to take this

child and its mother out sleighing. He had purchased on the way a handsome toy for the child which he took into the house with him. He called to his wife, and asked if she was ready, and then sat down to play with his son. Suddenly, without warning, he pulled a pistol out of his pocket; shot his wife, then picked up his child and fired two bullets in the little one's brain. He walked out hatless, was found on the street in a dazed condition, went quietly to the police station and there made several contrary statements. Such in rough outline is a typical case of alcoholic epileptic mania. Remember the State could prove no motive for the crime. Afterwards he continually denied knowing anything about the deed and insisted that his family were alive.

An epileptic maniac after committing a crime will when arraigned in the police court the next day admit the crime and say he was driven to it by some irresistible impulse, but when some months later he is brought to trial he denies knowing anything about the crime, and is not believed, except by those who have made this form of insanity a study. It is a very common thing for epileptics to give some inconsistent excuses for their actions; they have no accurate knowledge of what has transpired, but have a vague and indefinite idea, and attempt to excuse their conduct by absurd and illogical stories. The suddenness, the brutality, the recklessness, the atrocity and unnaturalness of such an act as Duestrow's suggest at once the suspicion of some brain disturbance.

We have to fully realize the significance of the history of these cases to distinguish the falseness or verity of these temporary disturbances of consciousness. A careful study of individuals who have had attacks of epileptic mania would show an abnormal condition of mind and morals in early life; physical timidity except when fortified by alcohol; anesthetic morality, apprehensions of all sorts of vague and indefinite happenings and an existence, both mental and physical, unnatural to the normal human being. As

these lycanthropists continue to indulge in increasing quantities of stimulants, toxic alcoholic epilepsy insidiously develops. The sudden and very transitory attacks of loss of consciousness are scarcely noticeable to the individual's bar-room comrades, or if so noticed, are accounted for by the fact that he has been drinking.

But these fits of staring which are pathognomonic of *petit mal*, called by some minor epilepsy, but which are in reality major epilepsy as regards their ultimate results, are totally different in appearance from the well-known stare seen in drunkenness. It is this peculiar characteristic of *petit mal* that differentiates it from other forms of epilepsy. We have none of the "falling-down fits," frothing at the mouth, violent muscular twitching or clonic spasms seen in major epilepsy. It also differs from the epileptiform attacks sometimes witnessed in delirium tremens. It is because the individual with commencing attacks of alcoholic epilepsy is seldom observed except by his boon companions that he continues unnoticed until the attack occurs with all its concomitant furor and ends in unaccountable and horrible deeds. These attacks of unconsciousness may be partial or complete, and last but a few seconds.

In some instances there is only slight clouding of the mind; a hazy, vague condition of the intellect, and finally during the epileptic furor complete abolition of consciousness, during which we have almost inconceivable brutality, ferocity and violence, inhuman tiger-like devilish action, which is characteristic of alcoholic epileptic insanity. This is not the masked epilepsy of some writers. No disease can be masked whose symptoms are so plainly demonstrable. The disease is masked in so far that these cases seldom come under the notice of the physician until the epileptic explosion has taken place which has brought the individual into unenviable and often very unfortunate notoriety. The layman cannot diagnosticate a drunken stare from an epileptic stare.

It is beyond cavil that the confused disturbed mental conditions which fre-

quently manifest themselves in persons who are habitual and hard drinkers and yet have no epilepsy, are not the same confusion seen in alcoholic epilepsy. The alcoholic stare is a drowsy, sleepy sort of stare and there is no fixity of the body, as well as the muscles of the eye; the attention of the person can be attracted or changed. In the drunken stare the peculiar expression of the eye continues while the individual is speaking while, on the other hand, the epileptic stare ceases on return to consciousness.

The epileptic stare is sharp, sudden and instantaneous and there is a fixity of the muscles, as well as the features of the eye. This fixity of the eye is a pronounced mark of minor epilepsy. We also frequently notice the sudden grasping by the hand of the nearest object. In court the question often arises, when the plea of alcoholic epileptic insanity is used, "Was not the deed done in a state of alcoholic furor?" The facts of the case easily decide the question.

In alcoholic epileptic insanity the period of anger is preceded by a calm attitude; then comes the sudden period of ferocity during which the deed is done; almost immediate subsidence of the furor, followed by partial or complete ignorance of the act. If the deed was committed in a state of ordinary alcoholic furor the ferocious condition would be manifest until the alcohol which was causing it lost its influence. In other words, the condition would last as long as the effects of the alcohol continued. These individuals who suffer from minor epilepsy do not indicate any physical conditions which would differentiate them from normal individuals. The form of so-called alcoholic epilepsy which is unaccompanied by mania, while recognized by many authorities as being, *per se*, caused by excessive indulgence in alcohol, does not offer sufficient evidence as yet to allow us to be positive in the matter. In those suffering from attacks of idiopathic minor epilepsy the use of alcohol unquestionably causes maniacal attacks. The knowledge that such attacks are probable should prevent the use of alcohol in any form by

those who have been subject to minor epilepsy; and should such individuals with a full sense of this fact commit crime when in a state of alcoholic epileptic mania, they should be held guilty. According to Garnier, the offsprings of alcoholic parents are prone during adolescence to attacks of epileptic mania. They exhibit a psychological as well as a cerebral degeneration. A certain mental condition accompanies, precedes,

or follows attacks of minor epilepsy. This is mental depression and it frequently ends in insanity. Such attacks of insanity take the place of staring and the other well-known objective symptoms noticed in minor epilepsy and are known as equivalents, psychical substitutes. This condition is frequently observed in cases where not the slightest attacks of a minor epileptic nature have been manifested or known to exist.

ANTI-STREPTOCOCCIC SERUM.—The results obtained hitherto in the treatment of septicemia by means of the antitoxic serum of Marmorek have been very much less marked than those which have followed the antitoxine of diphtheria. Its use in the treatment of puerperal fever has not been attended with brilliant success. It is to be remembered, however, says the *British Medical Journal*, in this connection that the serum has in some, and probably in many, instances been injected after the disease had become well-established in the system of the patient. In view of the very rapid absorption of the septic poison in these cases, and of the large uterine surface available for this purpose, the significance of such delay should not be overlooked. It is probable, too, that the disease under treatment has not always been the effect of the streptococcus alone, but primarily sapremic and a consequence of putrefaction in retained coagula. It is, however, encouraging to note that even in the treatment of puerperal cases a distinct amelioration of symptoms after injection has been noticed by some French observers (Patru, Maillart, Ribemont, etc.). M. Boucheron speaks highly of his results in the treatment of purulent dacryocystitis by this method, injections of 5 c.c. repeated at intervals of a few days having a marked effect even in chronic cases of this disease. He employs the serum also as a preventive of possible suppuration after cataract operations. As yet it would seem that the antitoxic power of this remedy is not great, and it may be that the secret of success in acute cases lies, not only in the prompt-

itude of its employment, but in the frequency of its repetition. The most that can be said so far is that past experience, though indecisive, is encouraging rather than otherwise, and lends some color to the hope that with a purer and more powerful serum better results may be expected. Practitioners who have had to combat the horrors of puerperal septicemia are not likely to undervalue even such hope in this connection.

* *

IS THE WORD AUTOPSY CORRECT?—A writer in the *Journal of the American Medical Association* believes that the word "autopsy" is not sufficiently comprehensive in defining a post-mortem examination, for he says it simply means "seeing for one's self." He also thinks that the word necropsy is not far-reaching enough in that it means the examination of a body, which may be a superficial examination, so he suggests the word "necrotomy" as covering the idea desired.

* *

HYSTERIA SIMULATING ECLAMPSIA IN PREGNANCY.—Bescarlet (*British Medical Journal*) reported at the Geneva Congress the case of a pregnant woman who caught cold and inflammation of the kidney ensued. The fetus died, and several convulsive attacks followed. Bescarlet maintained that they were purely hysterical. The chief positive evidence was their punctual recurrence at a certain time for several nights in succession. They differed from even mild eclampsia by the absence of vomiting, coma, deranged vision and facial convulsions.

Medical Progress.

REPORT OF PROGRESS IN GYNECOLOGY.

By Thomas H. Buckler, Jr., M.D.,
Baltimore.

SHORTENING THE ROUND LIGAMENTS.

In a lengthy and exhaustive paper (*American Gynecological and Obstetrical Journal*) Dr. George M. Edebohls discusses the indications for, technique and results of shortening the round ligaments of the uterus.

The writer deals with the extra-peritoneal or inguinal shortening of the ligaments exclusively and claims that the operation is far superior to ventral or vaginal fixation of the uterus, intra-abdominal shortening of the ligaments, cystoplexy of the uterus and operative procedures in the utero-sacral ligaments, in being more physiological in its plan and results and in interfering in a less degree, if at all, with child-bearing and child-birth.

While the record of disasters of pregnancy and parturition following vaginal fixation is so appalling that the operation is contra-indicated in any case with the possibility of future pregnancies, and while that of ventral fixation is almost as bad, no disturbances—with the exception of slight drawing pain, beginning with the eighth month, eight pregnancies have been observed to follow shortening of the round ligaments, the operation is indicated in all uncomplicated cases of retro-version, retro-flexion and excessive mobility of the uterus requiring operative treatment in aggravated anteflexion of the uterus when the fundus is below the level of the internal inguinal ring, in cases of retroverted anteflexed uteri without adhesions and in simple prolapse of the ovaries without adhesions, when that condition calls for treatment. Prior to the operation the uterus should be curretred and all plastic work called for upon the cervix, vagina or perineum performed.

All adhesions between the uterus and annexa must be severed and the operator must satisfy himself that the uterus can

be well anteverted by bimanual manipulation. The operation is best performed "by opening the whole length of the anterior wall of the inguinal canal, drawing the ligament out at the internal ring, really shortening the intra-abdominal portion by stripping back the investing peritoneum and closing the wound after the manner of the Bassini operation for the radical cure of inguinal hernia, leaving and securing the shortened ligament in its natural habitat below the lower edge of the internal oblique."

Of one hundred and sixteen cases operated on by the author, four were absolute failures, two of which were subsequently cured, one by vaginal and one by ventral fixation. There were five relative failures due to giving way of one round ligament within the abdomen. These were subsequently cured by ventral fixation. In the remaining one hundred and six patients the uterus remained in normal anteversion.

ELECTRICAL TREATMENT OF FIBROIDS.

In a recent discussion of the treatment of fibroid tumors (*Transactions of the Obstetrical Society of Philadelphia*) Dr. G. Betton Massey stated that his statistics in the electrical treatment of fibroids were most gratifying. In 75 cases that had undergone treatment and whose present condition he had ascertained after periods varying from eight to two years since the cessation of treatment, 85 per cent. showed practical success. Fifteen per cent. were made no better nor worse and one case had been made worse.

UTERINE FIBROMATA.

In a paper on the "Improved Technique of Vaginal Ligation of the Uterine Arteries for Uterine Fibromata; Indications for the Operation (*Medical Record*)", Dr. Augustin H. Goelet states that this operation has not obtained its deserved place as a conservative surgical measure. This failure he believes due to the circulation not having been permanently cut off, the vessels not being completely or permanently obliterated, or its indications have not been clearly understood. While the opera-

tion has only a limited application in fibroid conditions of the uterus, it involves little or no risk, it is quickly and easily performed; the convalescence is rapid, the relief of symptoms is prompt, it ultimately results in complete or almost complete atrophy of the tumor and it does not unsex, mutilate or disable the patient.

TOXINES IN UTERINE TUMORS.

Dr. R. M. Stone reports (*New York Medical Journal*) a case of malignant uterine tumor treated by the toxines of erysipelas and bacillus prodigiosus. The patient, forty-two years old, first came under observation in May, 1895. An examination six months later showed a large, eroded cervix. Curettage was performed and a large portion of uterine tissue removed. Examinations made by several pathologists pronounced the growth malignant. The patient's condition grew rapidly worse and examination November 30 showed decided infiltration and nodulation of both broad ligaments.

On December 4, three minimis of the infiltrated toxines of erysipelas and bacillus prodigiosus were injected between the shoulder blades. No reaction followed. On December 5, seven; 6, ten; 7, fourteen; 8, twenty minimis were injected with no reaction. This treatment was continued until December 20 with negative result. It was then decided to go nearer the seat of the disease and on December 21, nineteen minimis were injected in the vagina. This was followed in twenty minutes by chills. Temperature rose to $104\frac{1}{2}$ ° F. and death seemed near. The patient rallied slowly, but the treatment could not be resumed until January 2, when three minimis were injected in the vagina, in which locality all subsequent injections were made.

From January 21 to March 6, the filtered toxines were used and twenty-seven injections, varying from three to twenty-three minimis, were given. From March 15 to 24, eight injections of from five to thirty minimis were given. Treatment was again continued from April 8 to May 25. On this date there was violent reaction and the patient's

symptoms became very alarming. On May 4 an examination failed to find any infiltration in the broad ligaments and the uterus was much atrophied. October 31, 1896, the patient was well and vigorous, weighed ten pounds above normal weight. Had no pelvic pain and had resumed household duties. As far as the literature upon the treatment of malignant, inoperable tumors by toxines is recorded, this case is unique.

* * *

MASSAGE IN FRACTURES.—Of late much has been written on the ambulatory treatment of fractures and now Dr. George Woolsey brings up, in the *Medical News*, the old story of massage in the treatment of fractures. Time is wasted and the health is much impaired by the rest necessary in treating some fractures. Therefore he concludes as follows:

1. The treatment of fractures, especially those near joints, by immobilization, whether ambulatory or not, leaves something to be desired in (a) the time required and (b) the functional result obtained.

2. The treatment of such fractures by massage and passive motion shortens the time of bony union by one-third or one-half, and vastly improves the immediate functional result.

3. This treatment is especially applicable and important in fractures near joints.

4. Its application is easy. It relieves pain and swelling, hastens callus formation and solidification, prevents atrophy of the muscles and stiffness of the joints and tendons.

5. Splints should be applied between the daily fifteen or twenty-minute applications of massage for the first ten or twenty days, according to the nature of the fracture and the tendency to displacement, or until consolidation occurs.

6. This treatment, combined with the ambulatory method, promises an ideal method.

7. Oblique fractures of both or the only bone in a limb, or fractures near the middle of the limb with a tendency to displacement, should be immobilized until consolidation has commenced.

MARYLAND Medical Journal.

PUBLISHED WEEKLY.

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MARYLAND MEDICAL JOURNAL,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, APRIL 10, 1897.

RECENT numbers of *Merck's Report* contain a very straightforward and honest paper by Mr. Henry P. Hynson, the well-known physician and pharmacist of Baltimore, on the practical methods of establishing congenial relations between pharmacists and physicians.

After reading the article one will not be surprised to know that it took the first prize offered by that paper in a recent literary contest, for it shows practical acquaintance with the subject treated. Respectability is the first requisite to success. If relations between the two great professions of the healing art become strained, rupture will follow, and while the weaker will go to the wall, the sick will suffer.

The author maintains that the physician prefers to patronize that pharmacist who attends strictly to business and who applies his best efforts to the demands of the physician and his patient rather than in trying to make up on the side lines of soda water, proprietary preparations, stationery, candy, and the

many other articles which do not belong to a legitimate pharmacy.

The pharmacist who covers the front of his store with signs of all kinds is not carrying on business in the right way. He should keep no preparation that would not be prescribed by the physician and should add to his stock sick-room appliances, nurses' requisites, dietetics, modern equipments for infant feeding, etc.

Counter prescribing should stop and no clue should be given the patient as to what the prescription contains and substitution should be avoided most studiously. Advertising by sending out from time to time dignified and well-worded circulars which attract attention is permissible.

Mr. Hynson says further: "Let your customers distinctly understand that you are in no sense a physician—that you refrain from prescribing for them, not because you are unwilling to accommodate them, but because you regard their well-being too highly to trifle with it in a superficial way."

The author makes a good point when he says that a physician should pay for everything, except for inexpensive medicine for strictly personal use. No self-respecting physician cares to receive free drugs and preparations from the pharmacist.

Medical men cannot be prevented from furnishing their own medicine, but defeat can be turned into victory by supplying them with drugs at a rate which will gain their custom. While legally the prescription belongs to the patient, the druggist will only repeat it on order from the physician or when he feels that no bodily harm is done by the repetition.

The author's statement will meet the approbation of all physicians and the profession would feel repaid by a perusal of this well written article.

That such talk is not theory is shown by the author's own business, which is in every way a success and which has gained the respect and admiration of the profession everywhere. New York has now a legitimate pharmacy, where principles such as those laid down in this article are followed. Of course, there are plenty of good, conscientious pharmacists who do a good prescription business, who are honest to the smallest detail, and yet who, like a country store, sell a large variety of articles foreign to the drug trade.

There cannot, however, but be a feeling of confidence and certainty in a pharmacist who sticks strictly to the prescription and sick-room business and who gives the same care and detail to the smallest order. Congenial relations between the pharmacist and physician are necessary for success in both branches of the healing art, and such work as Mr. Hynson's, which tends to further the congenial relations, should be encouraged.

* * *

It is unfortunate that, soon after each solution of the artificial feeding problem for infants has been received *Danger in Sterilized Milk.* Some inquisitive genius or observing clinician should

demonstrate that it is, like its predecessors, defective. It seems that after all we shall have to get back somehow, by evolution, involution or revolution, to the antiquated method of breast-nursing. Healthy mothers are probably more easy to evolve that "perfect substitutes for mother's milk," if women would only open their eyes to the injustice and injury done to infants by depriving them of their normal nutriment.

"If only we could kill the germs in cow's milk it would be just as good as breast milk;" but when we do kill all the germs by long boiling the babies get scurvy. "But we will kill most of the germs, all the harmful ones, by Pasteurization;"—now at last the final desideratum is reached, babies not getting scurvy.

Alas for the vanity of substitution. A German—it is usually a German—(A. Lübbert, *Centralblatt für Kinderheilkunde*, March) tells us that he finds in cow's milk a bacterium whose growth is favored by heat and whose spores in milk resist steam or water-bath sterilization for even two hours at a time at a temperature of 210°. Even when very abundant in milk they do not outwardly change it so as to give warning of danger. Milk in which they are growing will if fed to guinea-pigs or puppies kill them in a few days with diarrhea.

The moral suggested is that too much dependence must not be placed on treatment of milk by heat, and that heated milk must not be permitted to remain warm after removal from the heater, but should at once be cooled below the temperature at which bacteria grow.

THE result of work in sanatoriums especially built for the treatment of pulmonary consumption is shown in the *Sanatoriums for Consumption.* Adirondack Cottage Sanatorium just issued. Dr. Trudeau reports that 177 patients were treated during the year 1896, and 71 were still at the sanatorium at the time of this report. Of the remaining 106 to be reported on for the past year, 24 were discharged apparently cured, 37 with the disease arrested, 21 were improved and 24 were unimproved or failed. Of the 17 patients remaining three months or less when admitted, 7 were incipient cases, 3 were advanced and 7 far advanced. When discharged, 3 were apparently cured, 5 had the disease arrested, 3 were improved and 6 failed. Ten patients gained weight on an average of 10½ pounds and one lost 5¾ pounds. Of the 89 patients who remained from 3 to 25 months, of 18 incipient cases, 15 were cured, 3 had the disease arrested; while of 45 advanced cases, 5 were cured, 22 had the disease arrested, 10 were improved and 8 failed; and of 20 far advanced cases, 7 had the disease arrested, 8 were improved and 10 failed. The bacilli disappeared from a large number and 6 out of 14 were cured by the modified tuberculin treatment.

He divides the cases into the following groups:

1. *Incipient.* Cases in which both the physical and rational signs point to but slight local and constitutional involvement.

2. *Advanced.* Cases in which the localized disease-process is either extensive or in an advanced stage, or where, with a comparatively slight amount of pulmonary involvement, the rational signs point to grave constitutional impairment or to complication.

3. *Far advanced.* Cases in which the rational and physical signs warrant the term.

4. *Apparently cured.* Cases in which the rational signs of phthisis and the bacilli in the expectoration have been absent for at least three months or who have no expectoration at all; any abnormal physical signs remaining being interpreted a healed lesion.

5. *Arrested.* Cases in which cough, expectoration and bacilli are still present, but in which all constitutional disturbance has disappeared for several months; the physical signs interpreted as an arrested process.

There were no deaths.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending April 3, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		23
Phthisis Pulmonalis.....		20
Measles.....	29	
Whooping Cough.....	5	
Pseudo-membranous Croup and Diphtheria. }	13	4
Mumps.....	6	
Scarlet fever.....	34	4
Varioloid.....		
Varicella.....		
Typhoid fever.....	2	

Denver is to have a building exclusively for doctors' offices.

A man in Philadelphia has been fined for spitting in the street cars.

Fredericksburg, Virginia, is trying to build a hospital for the poor of the borough.

There are 93 graduates of the College of Physicians and Surgeons of Baltimore, this year.

Private-docent G. Klemperer, formerly Leyden's assistant at Berlin, has been made professor.

Dr. Herbert Harlan has moved his office and residence to 516 Cathedral Street. Office hours, 9 A. M. to 1 P. M.

The Maryland Prisoners' Aid Association regrets to lose Dr. John Morris, who has seen fit to resign from its board.

June 8 will be the date of the forty-fourth Annual Meeting of the Medical Society of the State of North Carolina.

The San Francisco Board of Health has issued orders that no Chinaman shall hereafter spit on clothes that he is ironing.

Dr. William T. Howard, whose resignation was announced from the University of Maryland, will neither confirm nor deny the report.

Dr. Ernest Brand, who is so well known in connection with hydrotherapy in typhoid fever, died recently in Stettin, Germany, aged 70 years.

A meeting of the physicians of Baltimore County has been called to be held in Grange Hall, Towson, on April 15, for the purpose of organizing a medical society.

Dr. Paul Gibier of the Pasteur Institute of New York proposes to set aside a certain number of beds for the free treatment of physicians affected with tuberculosis.

Georgia requires more than registration with the county clerk, as was stated by an exchange. This State has had a board of medical examiners for more than two years.

Washington, D. C., is about to organize a Sanitary Improvement Company to provide sanitary dwellings for the poor. A mass meeting was held at the Foundry M. E. Church to consider the matter, and Dr. Sternberg spoke in its behalf.

Mr. Henry Brauns has resigned from the State Board of Health. If a public office is a public trust, it would seem as if Mr. Brauns should consider carefully before he withdraws his support from a body which he so recently promised to serve and so well served.

The Fourth Annual Meeting of the American Publishers' Association will be held in Philadelphia, on Monday, May 31, 1897 (the day preceding the meeting of the American Medical Association). Editors and publishers, as well as everyone interested in medical journalism, are cordially invited to attend and participate in the deliberations. Several very excellent papers are already assured, but more are desired. In order to secure a place on the programme, contributors should send titles of their papers at once to the Secretary, Chas. Wood Fassett, St. Joseph, Mo.

The Annual Conversational Meeting of the Pathological Society of Philadelphia will be held in the upper hall of the College of Physicians, Northeast Corner Thirteenth and Locust Streets, on Thursday, April 22, 1897, at 8.15 P. M. Dr. Ludvig Hektoen, Professor of Morbid Anatomy in Rush Medical College, will deliver an address, entitled "Segmentation and Fragmentation of the Myocardium." After the meeting a reception will be tendered Dr. Hektoen at the University Club, 1316 Walnut Street. A cordial invitation is extended to attend the meeting and the reception.

Book Reviews.

THE YEAR-BOOK OF TREATMENT FOR 1897. A Critical Review for Practitioners of Medicine and Surgery. Crown octavo, 488 pages. Cloth, \$1.50. Philadelphia and New York. Lea Brothers & Co. 1897.

This Year-Book, a reprint of the English edition, is a very valuable one, as it is carefully prepared by competent men, and gives an excellent summary of the progress in practical medicine during the past year. For example, we have seen no summary so good as the Schott treatment of heart disease, by Dr. Coupland. To take another illustration, the question of deciduoma malignum, the nature of which has been so much discussed, is reviewed very fully by Dr. Handfield Jones. The abstracts of this Year-Book are prepared by a group of the best trained of the younger generation of the London physicians and surgeons. The small, compact character of the volume is also a great advantage.

DR. J. H. KENNEDY of Aberdeen, Md., who is a man of keen observation, with natural powers of description, has contributed to the April number of *Harper's Monthly* a most enjoyable article on "Wild Things in Winter," showing the habits of certain animals when food is scarce. Dr. Kennedy is a graduate of 1874 of the old Washington Medical College, now the College of Physicians and Surgeons. He has an excellent practice at Aberdeen, Maryland, and vicinity.

THE *Journal of Cutaneous and Genito-Urinary Diseases* is now published by the Physicians' Publishing Company, 115 West Eighty-fourth Street, New York. Dr. James C. Johnston is the Acting Editor.

THE *Columbus Medical Journal*, of which Dr. R. Harvey Reed is editor and manager, has removed from 150 East Broad Street, to its new quarters, 68 Buttles Avenue, Columbus, Ohio.

DR. WILLIAM C. WILE of Danbury, Connecticut, has combined the *New England Medical Monthly* and *Prescription* in one journal.

REPRINTS, ETC., RECEIVED.

Transfusion, Infusion and Auto-Transfusion; Their Comparative Merits and Indications. By August Schachner, M. D., Louisville. Reprint from the *American Practitioner and News*.

Current Editorial Comment.

MEDICAL CHARITY.

American Medico-Surgical Bulletin.

IT is at present a question of serious importance whether or not a large part of the free medical service at present bestowed upon the public is not a crime instead of a charity. Surely no system of ethics would ever claim that the production of a condition of degradation, and the consequent injury of the recipient of a so-called charity, could result from any act truly charitable.

HOSPITAL ABUSE.

Medical News.

THE prime idea of managers of dispensaries is to report yearly the greatest possible number of patients treated, prescriptions filled and visits made by their district physicians. Largely dependent for support, as most of them are, upon voluntary contributions, the more show they make of their indiscriminate giving, the more money will they receive. It naturally follows that in less than half our dispensaries only a mere pretense of inquiry is made into the real necessity of the patient. In almost none are adequate measures employed to detect and prevent fraud. In few, if any, is the doctor vested with any discretionary power. Thus rich and poor alike find shelter under the ample cloak of charity.

WOMEN IN MEDICINE.

Kansas Medical Journal.

WOMEN are important factors in medicine. Not so much from the work they do in practice as the importance they are to the general and special practitioner in the make-up of his business. It is hardly an exaggeration to say that the bulk of practice comes from the women. The men and the children are occasionally callers upon the physician's skill, but not near so frequently or so constantly as women. The wife and mother is apparently the victim of many ailments. She is at least treated for many, and altogether too frequently comes under the class of chronic. Naturally when she begins to complain, uterine trouble is suspected and it is not hard to find. A long period of uterine treatment giving no relief, she is subjected in turn to all the special and general treatments in the usual line. She is the source of income to the doctor, and occasionally calls heavily upon the purse of her husband.

Publishers' Department.

Society Meetings.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. JAS. E. GIBBONS, M. D., President. E. L. CRUTCHFIELD, M. D., Secretary. Meets 2d and 4th Mondays of each month.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets at call of President.

CLINICAL SOCIETY, 847 N. Eutaw St. Meets 1st and 3d Fridays—October to June—8.30 P. M. S. K. MERRICK, M. D., President. H. O. REIK, M. D., Secretary.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d Tuesday of each month—October to May (inclusive)—8.30 P. M. WILMER BRINTON, M. D., President. W. W. RUSSELL, M. D., Secretary.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. J. B. SCHWATKA, M. D., President. S. T. ROEDER, M. D., Corresponding Secretary.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. Meets 2d Mondays of each month at 8 P. M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P. M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President. E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. ARTHUR SNYDER, M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. T. HOLDEN, M. D., Recording Secretary.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 1st Thursday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LLEWELLYN EJOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. W. P. CARR, M. D., President. J. R. WELLINGTON, M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. HENRY L. HAYES, M. D., Recording Secretary.

OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY OF WASHINGTON. Meets monthly at members' offices. President, S. O. RICHEY, M. D. Secretary, W. K. BUTLER, M. D.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly, 1st Saturday Evenings. MRS. EMILY L. SHERWOOD, President; DR. D. S. LAMB, 1st Vice-President. MISS NETTIE L. WHITE, 2nd Vice-President. MRS. MARY F. CASE, Secretary. MISS MINNIE E. HEIBERGER, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Monday in each month. N. P. BARNES, M. D., President. F. W. BRADEN, M. D., Secretary.

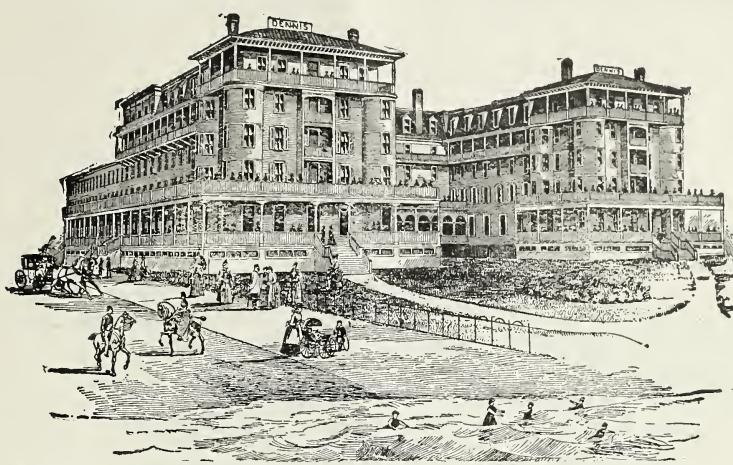
WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

PROGRESS IN MEDICAL SCIENCE.

NORWICH PHARMACAL CO.—*Gentlemen:* Unguentine has been given a place on my medicine shelf. I care for nothing more effectual in all conditions indicating its use, such as ulcers, fresh burns, contused wounds, etc.—Very respectfully yours, PATTON GRIFFITHS, M. D., Division Surgeon Louisville, New Albany and Chicago Railway, office 1026 Jefferson Street, West Louisville, Ky.

PROTONUCLEIN is indicated in all forms of wasting processes, anemia, indigestion and in the various nerve affections, and as a general tonic and blood elaborator. Its now well recognized influence in establishing the white blood corpuscle to its normal usefulness in the economy bespeaks its place in scientific medicine. Protonuclein is administered internally as a tablet, containing three grains, while it is applied externally as a dusting powder, or may be used for insufflating purposes. It is also used hypodermically where it is impractical to give it otherwise. Reed and Carnick, the manufacturers of this preparation, issue specific instructions as to its administration.

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MISS B., age 16, of Lincoln, Neb., was admitted to hospital in Kansas City, Mo., June 9, 1891. Laparotomy for ovarian cyst was performed on June 12. She was anemic in the extreme when admitted, and generally in bad condition for an operation, but the case demanded immediate relief and the operation was deemed particularly successful; but the low vitality and extreme nervous irritability of the patient gave no promise of a favorable outcome. Shortly after the operation the stomach became so irritable that all nourishment and even cold water was rejected. The temperature and other grave symptoms indicated sepsis. On June 18, the date of my first visit to the hospital, the patient's life was despaired of and the last rites of the church were being administered at the time of my arrival. Dr. G., the surgeon in charge, kindly gave me a history of the case. Rectal feeding had already been tried with unsatisfactory results, beef tea and milk having been used. At my earnest request I was permitted to test the value of the blood treatment, the doctor saying at the time that the patient would not live forty-eight hours. Bovinine, one ounce, sterilized water, one ounce, pancreatine, five grains, raised to a temperature of 100 degrees F., were employed and forced high up into the rectum. This was retained, and the same dose was repeated after an interval of two hours. After eight hours the distress and painful retching subsided, and if food was not alluded to the stomach remained tranquil. For twelve days the only nourishment administered was Bovinine every three hours day and night, and by this process of nutrition alone, the vitality of the patient was restored, so that at the end of that period she sat up in bed and, for the first time since the operation, expressed a wish for food. On July 3, this moribund girl was pronounced convalescent.

In St. Louis a lady had pricked her thumb with some poisonous product and blood poisoning in its most virulent form supervened and in spite of the best efforts of several lead-

ing surgeons, the case came to a point where amputation at the shoulders seemed the only alternative. The hand and arm were swollen to their fullest capacity and honey-combed with scores of sloughing ulcers. Upon my advice the hand and arm were dressed six times each day, after having been thoroughly cleansed, with pure Bovinine; the ulcers being packed with soft lint saturated with the same and the entire arm and hand dressed with it. In thirty hours a change was manifest and in sixty hours healthy granulations began to appear, diseased tissue to slough out and in twelve days her hand and arm were as good as new.

A man in St. Joseph, Mo., wounded himself in the hand while dressing dead hogs at the yards. Blood poisoning set in in earnest. In six days all dressings, etc., had failed and amputation was suggested. I was in the attending surgeon's office when he related the case to me. I suggested wrapping the arm and hand in bovine blood, changing every four hours. In twelve hours the change was so marked that the doctor sent for me to see the case. In four days he was well. The doctor thanked me, as did the man, who was about to lose his arm and probably his life.

A man in St. Joseph's Hospital, Oneota, had his arm smashed in a railroad accident; the fractures were compound and badly comminuted and in a few days an erysipelatous condition set up, which threatened his life. I was in the hospital and the attending surgeon, an old friend of mine, Dr. E. W. Lee, chief surgeon of the B. & M. Railroad, called me to view the case. It was truly desperate. I advised taking off all dressings, put the arm on a pillow, cleanse it thoroughly with hot bichloride and wrap the entire arm in pure Bovinine. After some hesitation it was done and in four days the condition had so far changed as to allow the arm to be put back into the dressings. Another life saved and another victory for blood.

Soft chancroid involving the glans and prepuce. The soft ulcer had been doing its work for four weeks; appeared almost malignant; various dressings had failed, such as iodoform, etc. This ulcer was packed in pure Bovinine and soft lint, changed every two hours the first three days, then every four hours. In thirty-six hours the diseased tissue sloughed out, healthy granulations set up, and in ten days he was well.

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CONTRIBUTORS TO VOLUME XXXVI.



Ames, Delano, A. B., M. D.....	383	Mansfield, A. D., M. D.....	202
Anderson, Edward, M. D.....	111	Mattfeldt, Charles L., M. D.....	367
Barclay, William F., A. M., M. D., 23, 275,	299	McCormick, John H., M. D.,.....	425
Barker, Lewellys F., M. D.....	57, 281	McGuire, Stuart, M. D.....	205
Bieser, Augustus E., M. D.....	293	Merrick, S. K., M. D.....	152
Biggs, Herman M., M. D.,.....	295	Nolen, Charles F., M. D.....	25
Birnie, C., M. D.....	132	Osler, William, M. D.....	73, 423
Bishop, Francis A.....	441	Pennington, John I., M. D.....	449
Blake, John D., M. D.....	199, 368	Preston, George J., M. D.....	55, 127
Bond, A. K., M. D.....	209	Price, Joseph, M. D.....	91
Browne, B. Bernard, M. D.....	1, 163, 354	Reed, R. Harvey, M. D.....	5
Buckler, Thomas H., Jr., M. D.....	470	Reik, H. O., M. D.....	109
Chancellor, C. W., M. D.....	315, 493	Robbins, Henry Alfred, M. D.....	261, 311,
Chew, Samuel C., M. D.....	181	332, 444, 461	
Clement, A. W., V. S.....	217	Roberts, John B., M. D.....	97
Crutchfield, Eugene Lee, M. D.....	100	Rohé, George H., M. D.....	148, 365
De Lee, Joseph B., M. D.....	59	Rosse, Irving C., M. D.....	19
Fite, C. C., M. D.....	168	Penniman, W. B. D., A. M., Ph. D.....	412
Flexner, Simon, M. D.....	145	Sanger, Frank Dyer, M. D.....	235
Fulton, John S., M. D.....	347	Savage, Moses, M. D.....	318
Garcin, Ramon D., M. D.....	357	Simon Charles E., M. D.....	37, 74, 257, 329
Gibbons, E. E., M. D.....	319	Sims, George K., M. D.....	42
Hardcastle, J. H., M. D.....	112	Solis-Cohen, Solomon, M. D.....	335
Hartwig, Chas. W., M. D.....	264	Stabler, August, M. D.....	430
Herring, Arthur, M. D.....	219	Steuart, James A., M. D.....	459
Hodgdon, Alexander L., M. D.....	431	Stokes, Wm. Royal, M. D.....	217, 389, 407
Howard, William Lee, M. D.....	466	Thayer, Wm. Sydney, M. D.....	221
Hundley, J. M., M. D.....	134	Turner, John, M. D.....	279
Huntt, J. R., M. D.....	406	Upshur, J. N., M. D.....	40, 163
Jones, C. Hampson, M. D.....	2	Watson, Wm. S., M. D.....	241
Livingood, Louis E., M. D.....	409	Welch, William H., M. D.....	392
Long, J. W., M. D.....	80	West, Charlotte, Dr.....	335
Woods, Hiram, Jr., M. D.....	319		

INDEX TO VOLUME XXXVI.

PAGE	PAGE		
Abscess, Ovarian, After Delivery.....	341	Cold, Curing a.....	140
Abused Members.....	271	Consumption, Sanitariums for.....	473
Alcohol, Absolute, as a Disinfectant for Instruments.....	67	Contagious Diseases, The Origin and Spread of.....	99
Alcohol Question, Common Sense on the.....	434	Convulsions, Infantile, The Etiology of.....	235
Alvarenga Prize.....	31	Convulsions, Puerperal, From the Stand-point of Prevention.....	165
Anacidity, Nervous, An Interesting Case of.....	318	Cornea, Experimental Irritation of the.....	429
Anemia, Pernicious, With Distention of the Large Intestine.....	113	Correspondence.....	31, 84, 102, 139, 284
Anesthesia Jubilee, The.....	33	Craze for Operating, The.....	323
Anesthetics, Administration of.....	87, 103	CURRENT EDITORIAL COMMENT.	
Anti-streptococcal Serum.....	469	17, 36, 53, 71, 89, 107, 125, 143, 161, 179, 197, 215, 233, 255, 273, 290, 309, 326, 345, 363, 381, 401, 421, 439, 457, 475	
Antitoxine a Bone of Contention in the Therapeutics of Diphtheria, Why is?	293	Cycling, Corpulence and Leanness.....	395
Antitoxine in Diphtheria.....	295	Cystitis, Chronic, and Ulcer of the Bladder, Artificial Vesico-Vaginal Fistula for the Cure of.....	163
Aphasia, Curiosities of.....	201	Cystoscopy and Ureteroscopy.....	80
Appendicitis Craze and the Grape Cure, The.....	19	Death, The Hour of.....	378
Appendicitis, The Causes of.....	314	Delivery in the Moribund.....	284
Arteries and Veins, The Repair of.....	306	Dermatitis, x Ray.....	399
Articles, Copyrighted.....	209	Dermatology, Recent Progress in.....	267
Atresia and Its Causes.....	229	Diagnosis, Municipal.....	123
Autopsy, Is it Correct?	469	Diagnosis, The Importance of Laboratory Methods in.....	37, 74, 257, 329
Bile, The Secretion of.....	418	Diets, A Bureau of.....	253
Births, Deaths and Diseases? Should Physicians be Paid for Returns of.....	365	Diphtheria.....	399
Bladder, Female, The Cystoscope in Diseases of the.....	134	Diphtheria, A Few Facts that Emphasize the Importance of Medical Inspection of Schools for the Prevention of.....	383
Book and Journal Club, The.....	51	Diphtheria, Bacteriological Demonstrations of.....	389
BOOK REVIEWS.		Diphtheria, Clinical and Bacteriological Diagnosis of.....	392
17, 35, 53, 71, 89, 107, 125, 143, 161, 179, 197, 215, 233, 255, 273, 290, 309, 326, 345, 363, 381, 401, 421, 439, 457, 475	Diphtheria, Laryngeal, Personal Experience with.....	241	
Bubonic Plague, The.....	287	Diphtheria, Laryngeal, Treatment of.....	111
Bullets in the Brain and the Röntgen Rays.....	85	Diphtheria Organisms in Healthy Persons	15
Burns, Picric Acid in.....	376	Diphtheria, Walking.....	251
Business End of it, The.....	68	Diseases of the Aged.....	87
Cancer, Bacterial Treatment of.....	433	Dispensaries Really Abused? Are.....	264
Cancer, Heredity of.....	283	Dispensary Abuse.....	213
Carcinoma, Amputation of the Breast for	49	Dropsey, Encysted, of the Peritoneum, A Case of.....	354
Catarrh, Medicinal.....	208	Drunk, Found.....	331
Cesarean Section, A Case of, Successful for Mother and Child.....	59		
Chest Expansion and Phthisis.....	397		
Chloralose	366		

INDEX TO VOLUME XXXVI.

PAGE	PAGE
Dysentery, Acute, A Method of Treating. 359	Hemorrhage from Bone Arrested by Nails 113
Ear Affections, Vaseline in Middle 85	Hemorrhoids by Whitehead's Method, The Treatment of. 192
Eastern Shore, The 14	Higher Medical Education. 437
Eating, Irregular 372	Hospital Appropriations. 398
Eclampsia and the Milk Treatment. 298	Hot Rooms and Catching Cold. 228
Eclampsia, Puerperal. 120	Hydrocephalus, Operation for. 211
Emaciation, Artificial, The Danger of. 163	Hydrophobia. 267
Embryos, Human, Wanted. 284	Hysterectomy, Total, at Term; Contracted Pelvis. 395
Emulsions 361	Hysteria Simulating Eclampsia in Pregnancy. 469
Endometritis, Senile, and Vaginitis. 117	Hysterical Achillodynbia. 110
Endothelioma of the Vaginal Cervix, A Case of. 151	Impetigo, Contagious. 228
Enucleation of the Eye Under Cocaine. 67	Inflammation, Purulent, of the Milk Ducts Affecting Seventy Cows, An Epidemic of. 217
Epilepsy, Alcoholic Maniacal. 466	Injections, Hypodermic, The Responsibility of Treatment by. 13
Epilepsy, Focal, The Surgical Treatment of. 67	Insanity, Post-febrile. 431
Epileptics, Treatment of. 230	Insomniæ and Gastro-Intestinal Disease. 118
Esophagotomy, Internal. 435	Intestine, Japanese, The. 323
Eye and Ear, Report of Progress in Diseases of the. 319	Intubation for Croup in Country Practice. 435
Eye, Report of Progress in Diseases of the. 115	Journal for 1897, The. 194
Eye-Strain, Ocular Manifestations of. 103	Kidney, Rupture of. 163
Faculty's Meeting at Hagerstown, The. 50	Kidney, The Author's Method of Anchoring the. 5
Feces, The. 271	Labor, Protracted, A Case of. 40
Fever, Bubonic, A Study of. 403	Law, A Good, Enforced. 177
Fever of Childhood, A New. 419	Lessons from a Sad Coincidence. 123
Fever, Continued. 132	Library, The Faculty. 252, 323
Fibroids of the Uterus Treated by the Apostoli Method. 227	Literature, Medical, Copyrighted. 213
Filters, Sand 211	Lithia Water. 231
Filtration, Water. 213	Malaria in the Puerperium. 105
Fishbones in the Pharynx. 323	Malaria, The Prevalence of. 206
Flatulence and Indigestion in Nursing Women. 49	Mal-Presentations. 376
Formaldehyde 377	Malt Extracts. 270
Frick, Charles, M. D. 181	Maryland Hospital for the Insane, Dr. Richard Sprigg Steuart and. 459
Frick Library Dedication, The. 141, 176	Massage in Fractures. 471
Frick Library of the Medical and Chirurgical Faculty. 187	Measles, A Statistical Study of Epidemic. 229
Funeral Regulations for Rural Districts. 406	Measles, Mouth Symptoms of. 379
Gall-Stone, Bowel Obstruction by a Simulating Appendicitis. 112	Medical and Chirurgical Faculty, The. 436
Gastric Hyperacidity by Methyl Blue, Treatment of. 204	MEDICAL ITEMS.
Gastro-enterostomy. 212	16, 34, 52, 70, 88, 106, 124, 142, 160, 178, 196, 214, 232, 254, 272, 288, 308, 326, 344, 362, 380, 400, 420, 438, 456, 474
Generation, The Science of, and its Phenomena. 275	Medical Record, The. 213
Gonorrhea, Acute, Treatment of. 199	Medicine Abroad, The Study of. 33
Gonorrhea, Ichthyolin. 171	Medicine, Experimental. 361
Gonorrhæal Arthritis. 377	Medicine, Practical <i>versus</i> Scientific. 202
Graves's Disease Treated Surgically. 413	Menstrual Skin Eruption. 157
Grippe Again, The. 323	Mental Fatigue and Exercise. 266
Growth, The Influence of Exercise on. 140	Milk for Babies. 86
Gynecological Work, Unnecessary. 23	" Mirror Speech." 226
Gynecology, Report of Progress in. 470	Mortality of the Negro. 15
Hagerstown Meeting, The. 68, 104	Nap, The Afternoon. 192
Health, Action of Boards of. 191	Narcosis, Chloroform, A Narrow Escape from Death During. 100
Health Officers, The Conference of. 360	Needle, Surgical, The Perfect. 97
Health, The State Board of. 287	Nerve, Glosso - Pharyngeal, Results of Partial Section of the. 193
Heart Disease, Chronic, The "Schott Method of Gymnastics in. 335	Neuralgia, Obstinate, Treated by Pressure. 285
Heart, The, under Röntgen Illuminations. 113	Neuritis Associated with Typhoid Fever. 55
Hematoma of the Dura Mater. 226	Neuritis, Puerperal. 101
Hematoma of the Vulva after Normal Labor. 120	Neurology, Some Histological Points in. 57
Hemianopsia in Abscess of the Brain. 411	

INDEX TO VOLUME XXXVI.

v

PAGE	PAGE		
Nihilism, Therapeutic.....	121	Clinical Society of Maryland.....	31, 62, 247
Nitroglycerine, The Dosage of.....	81	Conference of Health Officers of the State of Maryland.....	373, 396, 414, 433
Nitrous Oxide in Minor Surgery.....	279	Medical and Chirurgical Faculty of Mary- land.....	137, 155, 172, 186
Obituary. Philip C. Williams.....	127	Medical and Surgical Society of the Dis- trict of Columbia.....	453
Obstetrics, Primitive.....	13	Mississippi Valley Medical Association.....	7, 27
Optician, The Traveling, Or the "Profes- sor".....	25	New York Medico-Surgical Society.....	303
Osteomalacia Cured by Oophorectomy..	121	Richmond Academy of Medicine and Surgery.....	47, 82, 207
Paralysis, Facial, Extraction of Teeth and.....	211	Tri-State Medical Association, The.....	340
Paralysis, Post-Diphtheritic.....	221	Spelling, Medical.....	195
Paralysis, Temporary, Following Gastric Disturbance.....	225	Spine, Percussion of the.....	397
Paralysis of the Ulnar Nerve from Cy- cling.....	377	Spring Medical Meetings.....	436
Paresis, General, The Early Symptoms of.....	148	State Board of Health, The.....	69
Pasteur Institute for Baltimore, A.....	158	Static Electricity, Some Physical and Therapeutical Facts on.....	441
Pediatrics a Specialty?.....	437	Statistics, The Value of.....	347
Pediatrics, Report of Progress in.....	209	Sterilized Milk, Danger in.....	473
Perils, Unsuspected.....	185	Stethoscope, The Improved.....	419
Pharyngeal Tonsil, To What Extent Does the Hypertrophied, Atrophy at or about Puberty.....	152	Study, Thoroughness in.....	2
Phonendoscope, The.....	63	Surgery, The Abuse of.....	315
Phrenology, The Old and the New.....	281	Suture of the Arterial Walls.....	157
Phthisis, The Treatment of Vomiting in	285	Syphilis, Cerebral.....	127
Physician in Literature, The.....	342	Syphilis of the Innocent.....	261
Physicians and Pharmacists.....	472	Syphilis, The Treatment of.....	311,
Physicians as Citizens.....	307	332, 447, 461	
Physician's Care of Himself.....	378	Syphiloderm, The Treatment of the.....	227
Physicians, Underpaid.....	192	Teeth, Artificial, The Dangers of.....	356
Physician Was Right.....	379	Toe-Nail, Ingrown, The Mechanical	
Placenta Previa, A Case of.....	449	Treatment of.....	285
Plague in Bombay.....	317	Tuberculosis in Infancy.....	193
Pleurisy Under Five Years.....	343	Tuberculosis, The Early Diagnosis of.....	434
Pneumonia, Acute Lobar, The Treatment of.....	357	Tuberculosis Treated by the Salts of the	
Polyuria, Hysterical.....	284	Blood.....	391
Pregnancy and Labor Complicated by Uterine Fibroid Tumors.....	119	Tuberculosis, Vomiting in.....	359
Pregnancy Under Difficulties.....	46	Typhoid Diagnosis.....	141, 159
Prophylaxis, Personal and Domestic.....	369	Typhoid Fever, Aerial Convection of.....	285
Rectum and Anus, Diseases of the.....	42	Typhoid Fever, Demonstration of the	
Renipuncture in Albuminuria.....	398	Pathology and Bacteriology of.....	409
Resolutions: Thomas Carnes Price, M.D.	190	Typhoid Fever, Hemorrhage from the	
Respiration, Artificial, New Method of..	61	Bowels in.....	73
Rheumatism, Joint, The Causation of..	105	Typhoid Fever, Remarks on the Pathol- ogy and Bacteriology of.....	145
Rigors in Children.....	230	Typhoid Fever, Sanitary Survey of	
Röntgen Rays, The, Showing the Practi- cal Utility in Locating Hidden Bullets.	219	Towns and Villages for the Prevention	
Salivation a Symptom of Mollitis.....	391	of.....	425
Sanitary Conference, The.....	324	Typhoid Fever, Serum Diagnosis of.....	104
Sanitary Progress and Disease Restriction	286	Typhoid Fever, The Disguises of.....	423
Science of Generation and Its Phenome- na, The.....	299	Typhoid Fever, Too Much.....	32
Sclerosis, Multiple, Pathology of.....	171	Typhoid Fever, Useful Medication in.....	193
Secrets, Proprietary.....	343	Typhoid Fever, What Country Doctors	
Serums, Anti-Diphtheritic and Anti- Streptococcic.....	168	can do to Prevent.....	430
Sex, The Causation of.....	359	Typhoid Perforation, Surgery for.....	91
Skiascopy, The Practical Use of.....	109	Typhoid Test, Widal's.....	359
SOCIETY REPORTS.		Uremia in Pregnancy without Eclampsia	155
Baltimore Medical Association....83, 114,		Urethra, Residual Urine of.....	205
207, 451		Uterine Canal, Gauze in the.....	79
Chicago Gynecological and Obstetrical		Uterine Fibromata, Vaginal Ligation of	
Society.....	64	the Uterine Arteries for.....	283
		Uterus, Backward Displacements of the..	204
		Uterus, Retro-Deviations of the.....	1
		Vaginal Irrigation, An Ingenious Method	
		of.....	366
		Viburnum Prunifolium a Prophylactic	
		Against Abortion.....	129

INDEX TO VOLUME XXXVI.

	PAGE		PAGE
Vital Statistics.....	367	Warty Growth of the Genitals, Treatment of.....	228
Water.....	33	Whooping Cough, The Parasite of.....	157
Water, Drinking, Demonstration of the Chemical Examination of.....	412	Woman and Her Diseases, <i>vs.</i> Gynecology	66
Water, The Bacteriological Examination of.....	407	Woman's Milk and Antitoxine.....	131
		Writers, The Older.....	87

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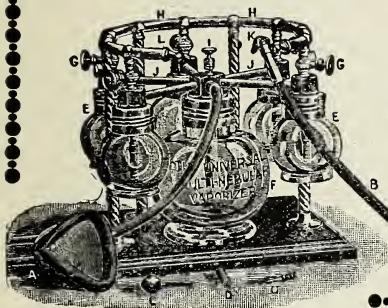
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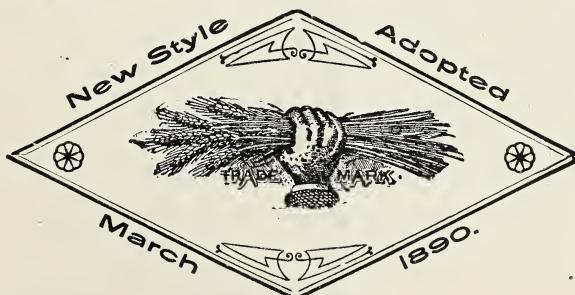
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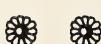
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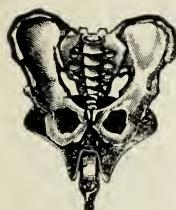


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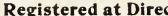
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The Success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, *finds that no two of them are identical*, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, *in the property of retaining the strychnine in solution*, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

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